

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/669,204	
	Filing Date	September 23, 2003	
	First Named Inventor	Russell A. HOUSER	
	Art Unit	3739	
	Examiner Name	A. Farah	
Total Number of Pages in This Submission	6	Attorney Docket Number	509192000201

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages Copy of Request to Transfer - 2 pages Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	E. Thomas Wheelock		
Date	May 3, 2005	Reg. No.	28,825

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below..

Dated: May 16, 2005

Signature (Patricia M. Ellison)

LEW



PTO/SB/83 (09-04)
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/669,204
	Filing Date	September 23, 2003
	First Named Inventor	Russell A. HOUSER
	Art Unit	3739
	Examiner Name	A. Farah
	Attorney Docket Number	509192000201

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Please withdraw me as attorney or agent for the above identified patent application, and

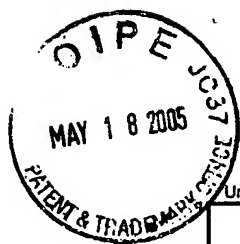
☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:
This request is being made at the request of the assignee, Nidus Medical.

CORRESPONDENCE ADDRESS			
1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal.			
2. <input checked="" type="checkbox"/> Change the correspondence address and direct all future correspondence to:			
<input type="checkbox"/> The address associated with Customer Number: <input type="text"/>			
OR			
<input checked="" type="checkbox"/> Firm or Individual Name	David A. Levine		
Address	658 S. California Avenue		
City	Palo Alto	State	California
Country	United States of America		
Telephone	(650) 493-1904	Fax	(509) 278-2701
Signature			
Name	E. Thomas Wheelock	Registration No.	28,825
Date	May 3, 2005	Telephone No.	(650) 813-5739
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.			

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	David A. Levine		
Address	658 S. California Avenue		
City	Palo Alto	State	California
Country	United States of America		
Telephone	(650) 493-1904	Fax	(509) 278-2701
Signature			
Name	E. Thomas Wheelock	Registration No.	28,825
Date	May 3, 2005	Telephone No.	(650) 813-5739

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(Patricia M. Ellison)



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<input checked="" type="checkbox"/> Firm or Individual Name	David A. Levine				
Address	658 S. California Avenue				
City	Palo Alto	State	California	Zip	94306
Country	United States of America				
Telephone	(650) 493-1904			Fax	(509) 278-2701
Signature					
Name	E. Thomas Wheelock			Registration No.	28,825
Date	May 3, 2005			Telephone No.	(650) 813-5739

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Dated: May 16, 2005

Signature: (Patricia M. Ellison)

MORRISON | FOERSTER

755 PAGE MILL ROAD
PALO ALTO
CALIFORNIA 94304-1018

TELEPHONE: 650.813.5600
FACSIMILE: 650.494.0792

WWW.MOFO.COM

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MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
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TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

May 10, 2005

Writer's Direct Contact
650/813-5739
TWheelock@mofo.com

By Email

Vahid Saadat
President & CEO
Nidus Medical, LLC
12679 Kane Drive
Saratoga, California 95070

Re: Requested Confirmation of Instructions to Transfer

Dear Vahid:

This letter confirms our receipt of your instructions to transfer the remaining Nidus Medical, LLC patent matters in the 2 series to the address below:

David A. Levine
Attorney at Law
658 S. California Avenue
Palo Alto, California 94306
Business: (650) 493-1904
Business fax: (509) 278-2701

We estimate that it will take us approximately three days to gather the materials and file the required papers with the U.S. Patent and Trademark Office and our foreign associates. Therefore, David Levine should expect the files shortly.

We have chosen not to photocopy the files. We have made this decision based on the understanding that Morrison & Foerster will be granted access to it in the future, if necessary, for review or photocopy purposes with reasonable notice during normal business hours.

MORRISON | FOERSTER

Vahid Saadat
May 10, 2005
Page Two

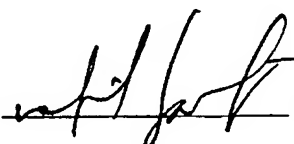
We ask that you sign below to confirm your transfer instructions as outlined above and your agreement to the estimated date of completion. I look forward to your prompt return of this confirmation so as not to delay the process.

Sincerely,



E. Thomas Wheelock

cc: Johny Han

Received and acknowledged by  on 5-11-09